



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL

City of Hospital: MADISON

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$78744979
Outpatient Patient Service Revenue	\$205286612
Total Gross Patient Service Revenue	\$284031591

2. Deductions From Revenue

Contractual Allowance	\$181221985
Other Deductions	\$1200639
Total Deductions	\$182422624

3. Total Operating Revenue

Net Patient Service Revenue	\$101608967
Other Operating Revenue	\$14191213
Total Operating Revenue	\$115800180

4. Operating Expenses

Salaries and Wages	\$28924329	Employee Benefits	\$6742140
Depreciation and Amortization	\$6724023	Interest Expense	\$4265483
Bad Debt	\$6274167	Other Expenses	\$39236878
Total Operating Expenses	\$92167020		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23633160	Total Assets	\$326353352
Net Non-operating Gains over Loss	\$20785484	Total Liabilities	\$99741646

Total Net Gains	\$44418644
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$149411826	\$109763952	\$39647874
Medicaid	\$47307629	\$36290712	\$11016917
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$87312136	\$35167321	\$52144815
Total	\$284031591	\$181221985	\$102809606

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$11705	\$-11705

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$49425	\$174945	\$-125520
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1200639
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$389602	
HCI Payments	\$0		
Subtotal	\$0	\$389602	\$-389602
Medicaid Shortfalls	\$10721836	\$15351120	
Subtotal	\$10721836	\$15740722	\$-5018886
DSH Payments	\$295,081		
Subtotal	\$11016917	\$15740722	\$-4723805
Medicare Shortfalls	\$39647874	\$48483490	
Other Government Programs	\$0	\$0	
Total	\$50664791	\$64224212	\$-13559421

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$53612	\$435965	\$-382353
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$45389	\$-45389
Other Allocations	\$0	\$0	\$0

Comments

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